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			Application Number	09/710,057						
TRANSMITTAL			Filing Date	11/10/2000						
FORM			First Named Inventor	Cavanaugh						
(to be used for all correspondence after initial filing)		Group Art Unit	2184							
			Examiner Name	Robert W. Beausoliel						
Total Number of Pages in This Submission 4			Attorney Docket Numbe	r 62061.0105						
ENCLOSURES (check all that apply)										
	d cclaration(s) Request nent Request ure Statement riority	Continue Continue	g-related Papers to Convert to a nal Application of Attorney, Revocation of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney (3 copies)						
	SIGNATU	RE OF APPLI	CANT, ATTORNEY, OR	AGENT						
Firm or Individual name	Matthew J. Booth Reg. No. 35,454		Booth Wright P. O. Box 50010 Austin, TX 78763-0010							
Signature			Martin J. Book	<u> </u>						
Date	07/12/2002	V 01	raunas g. 130101							
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PTO/SB/83 (03-02)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/710,057			
Filing Date	11-10-2000			
First Named Inventor	Cavanaugh			
Group Art Unit	2184			
Examiner Name	Robert W. Beausoliei			
Attorney Docket Number	62061.0105			

To: Assistant Commissioner for Patents Washington, DC 20231									
I hereby apply to withdraw as attorney or agent for the above identified patent application.									
The reasons for this request are:									
The Applicant by other conduct renders it unreasonably difficult for the practitioner to carry out the employment effectively (37 CFR 10.40(C)(1)(IV)). The Applicant will not be prejudiced by the Attorneys withdrawal. The Attorneys have returned the files and or provided all necessary information to the Applicant to continue									
pursuing the above application.									
1. The correspondence address is NOT affected by this withdrawal.									
2. Change the correspondence address and direct all future correspondence to:									
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OR									
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Address		609 Castle Ridge Rd.							
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City		Austin	State	TX	ZIP	78746			
Country		USA							
Telephone		(512) 330-9818 Fax (512) 330-9704							
This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number 23309 This request is enclosed in triplicate (including any attachments).									
Name	Matthe	Matthew J. Booth, Reg. No. 35,454							
Signature	1 00 L								
Date	07/12/2	12/2002 - Marks J. Book -							
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									

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